

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 34-62-019936

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 62

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Rural---Union Twp.

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

c. CITY
OR
TOWN Chicago

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Unionville, Missouri

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

4501 Oakley Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Andrew

Middle

P.

Last

Roucka

4. DATE

OF

DEATH

Month

May

Day

22

Year

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

12-3-29

9. AGE (last birthday)

32

IF UNDER 1 YEAR

Months Days

5 19

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance

10b. KIND OF BUSINESS OR INDUSTRY

Bell & Gossett Mfg.

11. BIRTHPLACE (City and state or country)

Niles Center, Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Joseph Roucka

13b. MOTHER'S MAIDEN NAME

Marie Dinka

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, ☒, or unknown) (If yes, give war or dates of service)

Yes Army WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Joseph Roucka

5313 N. Newland Ave.

Chicago 31, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries from plane crash

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF

INJURY

9:45 p.m.

Month, Day, Year

5-22-62

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

on farm

20f. CITY, TOWN, OR LOCATION

Union Twp.

COUNTY

Putnam

STATE

Mo.

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5-24-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

5-24-62 Removal

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Irving Park Cemetery

23d. LOCATION (City, town, or county)

Chicago, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Unionville, Mo.

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

Marvyn Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

SEP 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Hugh S. Johnson

Licensed Embalmer No.

3487

P. O. Address

Centerville, La.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.